

# Brock Fredin

Hudson, WI 54016 • Phone: (612) 424-5512 •  
E-Mail: brockfredinlegal@icloud.com

Date: February 7, 2020

## **BY PACER**

Hon. Magistrate Judge Tony Leung  
United States District Court  
316 Robert St N  
Saint Paul, MN 55101

Re: *Fredin v. City Pages, Case No. 19-CV-472*

Dear Judge Leung:

I write requesting leave to file a declaration of domicile indicating that I was a citizen-resident of Wisconsin in 2017, 2018, and 2019 through present. I completed my 2019 federal and state taxes on February 6, 2020 and now have a copy. My residency and citizenship in Wisconsin can also be supported by overwhelming evidence in other cases including through addresses contained in sealed documents filed by adverse parties to me in litigation in the District Court of Minnesota.

I understand that citizenship is determined at the time of filing a Complaint under choice of laws and complete diversity jurisdiction. This domicile is critical to Wisconsin choice of laws on the defamation claim raised in this action under diversity jurisdiction. Pursuant to Fed. R. Civ. P. Rule 5.2, I have redacted all social security number data identifiers except for the last four (4) digits. The declaration of domicile is enclosed.

I thank the Court's for its attention to this matter and its continued courtesies.

Respectfully submitted,



s/ Brock Fredin

Brock Fredin

cc: Leita Walker (by ECF)  
cc: Christopher M. Proczko (by ECF)

**UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA**

BROCK FREDIN,

Plaintiff,

--against--

CITY PAGES,  
MICHAEL MULLEN

Defendants.

**DECLARATION OF BROCK FREDIN  
DOMICILE**

Case No. 19-CV-472

STATE OF WISCONSIN            }  
  ss:  
COUNTY OF SAINT CROIX       }

BROCK FREDIN, being duly sworn, deposes and says:

1. I am the Plaintiff in the above-captioned proceeding. I submit this declaration in support of my Wisconsin domicile.

**AUTHENTICATION OF DOCUMENTS**

2. Attached hereto as **Exhibit A** is a true and correct copy my 2019 federal and Wisconsin state income tax.

3. Attached hereto as **Exhibit B** is a true and correct copy my 2018 federal and Wisconsin state income tax.

4. Attached hereto as **Exhibit C** is a true and correct copy my 2017 federal and Wisconsin state income tax.

Dated: February 7, 2020  
Hudson, WI

A handwritten signature in dark ink, appearing to read "Brock Fredin". The signature is fluid and cursive, with the first name "Brock" and last name "Fredin" clearly distinguishable.

s/ Brock Fredin

Brock Fredin

Hudson, WI

(612) 424-5512 (tel.)

brockfredinlegal@icloud.com

*Plaintiff, Pro Se*

**A**

**1** **Wisconsin**  
**income tax****2019**

For the year Jan. 1-Dec. 31, 2019, or other tax year

beginning \_\_\_\_\_, 2019 ending \_\_\_\_\_, 20 \_\_\_\_.

Check here if an amended return ☐

DO NOT STAPLE

See page 5 before assembling return

Your legal last name <b>FREDIN</b>		Legal first name <b>BROCK</b>		M.I.	Your social security number <b>9069</b>
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. [REDACTED]				Apt. no.	
City or post office [REDACTED]		State <b>WI</b>	Zip code [REDACTED]		
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/>					
		Legal last name			
		Legal first name		M.I.	
<input type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/>		If married, fill in spouse's SSN above and full name here <input type="checkbox"/>			
<b>Tax district</b> Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2019. <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input type="checkbox"/> [REDACTED] <b>County of</b> <input type="checkbox"/> <b>ST CROIX</b> <b>School district number</b> See page 60 <input type="checkbox"/> [REDACTED] <b>Special conditions</b> <input type="checkbox"/>					

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Form **1040**Department of the Treasury—Internal Revenue Service (99)  
**U.S. Individual Income Tax Return****2019**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

**Filing Status**
☒ Single    ☐ Married filing jointly    ☐ Married filing separately (MFS)    ☐ Head of household (HOH)    ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ►

Your first name and middle initial <b>brock</b>		Last name <b>fredin</b>	Your social security number <b>██████-9069</b>
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>██████████</b>			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>██████████ WI ██████████</b>			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
			If more than four dependents, see instructions and ✓ here ► <input type="checkbox"/>

**Standard Deduction**
 Someone can claim: ☐ You as a dependent    ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien
**Age/Blindness**
 You: ☐ Were born before January 2, 1955    ☐ Are blind    Spouse: ☐ Was born before January 2, 1955    ☐ Is blind
**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit    Credit for other dependents

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under **Standard Deduction**, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here	
<b>7a</b> Other income from Schedule 1, line 9 . . . . .	
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .	
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .	
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .	
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	
<b>11a</b> Add lines 9 and 10 . . . . .	
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

**B**

# 1 Wisconsin income tax

# 2018

For the year Jan. 1-Dec. 31, 2018, or other tax year

beginning \_\_\_\_\_, 2018 ending \_\_\_\_\_, 20\_\_\_\_.

Check here if an amended return ☐

DO NOT STAPLE

page 5 before assembling return

Your legal last name <b>FREDIN</b>		Legal first name <b>BROCK</b>		M.I.	Your social security number <b>9069</b>
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. <b>[REDACTED]</b>				Apt. no.	
City or post office <b>BALDWIN</b>		State <b>WI</b>	Zip code <b>54002</b>		
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/>				<b>Tax district</b> Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2018. <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input type="checkbox"/> <b>BALDWIN</b> <b>County of</b> <input type="checkbox"/> <b>ST CROIX</b> <b>School district number</b> See page 57 <b>2611</b>	
<input type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/>				<b>Special conditions</b> <input type="checkbox"/>	
If married, fill in spouse's SSN above and full name here <input type="checkbox"/>					

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Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)				
Your first name and initial <b>brock</b>		Last name <b>fredin</b>		Your social security number [REDACTED] - 9069
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind				
If joint return, spouse's first name and initial		Last name		Spouse's social security number
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien				<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)
Home address (number and street). If you have a P.O. box, see instructions. <b>1180 7th ave</b>			Apt. no.	Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. <b>baldwin WI 54002</b>				If more than four dependents, see inst. and ✓ here ▶ <input type="checkbox"/>
<b>Dependents</b> (see instructions):				
(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit      Credit for other dependents
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

### Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

	Your signature	Date	Your occupation <b>software developer</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [ ][ ][ ][ ][ ][ ]
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [ ][ ][ ][ ][ ][ ]

### Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ <b>Self-Prepared</b>		Phone no.		
Firm's address ▶				

**C**

**1** **Wisconsin**  
**income tax****2017**

For the year Jan. 1-Dec. 31, 2017, or other tax year

beginning \_\_\_\_\_, 2017 ending \_\_\_\_\_, 20\_\_\_\_.

Check here if an amended return ▶ ☐

DO NOT STAPLE

See page 6 before assembling return

Your legal last name <b>FREDIN</b>		Legal first name <b>BROCK</b>		M.I.	Your social security number <b>9069</b>
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. <b>[REDACTED]</b>				Apt. no.	
City or post office <b>HUDSON</b>		State <b>WI</b>	Zip code <b>54016</b>		
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... ▶				<b>Tax district</b> Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2017. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town ▶ <b>HUDSON</b> <b>County of</b> ▶ <b>ST CROIX</b> <b>School district number</b> See page 57 <b>2611</b>	
<input type="checkbox"/> Head of household (see page 12). Also, check here if married... ▶ <input type="checkbox"/> If married, fill in spouse's SSN above and full name here ↑				<b>Special conditions</b> <input type="checkbox"/>	

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Form <b>1040</b> Department of the Treasury—Internal Revenue Service (99) <b>U.S. Individual Income Tax Return</b>		<b>2017</b>	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning			, 2017, ending	
Your first name and initial <b>brock</b>			Last name <b>fredin</b>	
If a joint return, spouse's first name and initial			Last name	
Home address (number and street). If you have a P.O. box, see instructions. <b>[REDACTED]</b>			Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Hudson WI 54016</b>			Foreign country name	
Foreign province/state/county			Foreign postal code	
<b>Filing Status</b> <b>1</b> <input checked="" type="checkbox"/> Single <b>2</b> <input type="checkbox"/> Married filing jointly (even if only one had income) <b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above			<b>4</b> <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►	
<b>Your social security number</b> <b>[REDACTED] 9069</b>			<b>Spouse's social security number</b> <b>[REDACTED]</b>	
<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.			<input type="checkbox"/> You <input type="checkbox"/> Spouse	